

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

09/762715

CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	1						51			
2		1					52			
3		1					53			
4		1					54			
5		4					55			
6		4					56			
7		4					57			
8	1						58			
9		1					59			
10		1					60			
11		1					61			
12		4					62			
13		4					63			
14		4					64			
15		1					65			
16	1						66			
17	1						67			
18		1					68			
19	1						69			
20	1						70			
21	1						71			
22	1						72			
23	1						73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
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34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	7		↓		↓		TOTAL IND.		↓	
TOTAL DEP.	31	←	→	←	→	←	TOTAL DEP.		←	→
TOTAL CLAIMS	46	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS